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Form, 990-EZ

Department of the Treasury Internal Revenue Service

SCANNED ICT W7 ZUIG

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public. Inspection

Α			i, and ending			,	
B		f applicable C	D Employer identification number				
님	Name of	schange Texas Council for the Social Studies		23-7327296			
⊢	Initial r	attn. Treasurer Dr. Ned Moss	E Telephone number				
H		3911 West Valley Dr		2	81-4	137-3580	
H		Missouri City, TX 77459					
		tion pending		F Gr Nu	oup E Imber	xemption -	
G	Acco	unting Method X Cash Accrual Other (specify) ►	H Check	< - X	ıf the	e organization is not	
ı	Webs	ite: http://txcss.org/				Schedule B	
J	Tax-ex	empt status (check only one) $ \boxed{X}$ 501(c)(3) $$ 501(c) () \blacktriangleleft (insert no) $$ 4947(a)	a)(1) or 527 (Form	ı 990, ———	990-E	Z, or 990-PF)	
K		of organization Corporation Trust Association Other					
L	Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts ares (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of	e \$200,000 or more, or : Form 990-EZ	ıf total	▶\$	140,428.	
Pa	nt 1	Revenue, Expenses, and Changes in Net Assets or Fund Ba		truct	ons		
		Check if the organization used Schedule O to respond to any question in th				X	
	1	Contributions, gifts, grants, and similar amounts received			1	232.	
	2	Program service revenue including government fees and contracts			2	92,880.	
	3	Membership dues and assessments			3	23,220.	
	4	Investment income			4	3,208.	
	5 a	Gross amount from sale of assets other than inventory	5a 17,8	388.	. j		
	b	Less cost or other basis and sales expenses	5b 15,9		2 4		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	See Schedule O		5 c	1,944.	
	6	Gaming and fundraising events					
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a		.3' '		
Į E	b	Gross income from fundraising events (not including\$	of contributions		RF	CEIVED _	
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<u>—</u> 6b	ത്	rest East	R	
-	С	Less direct expenses from gaming and fundraising events	6 c	8	SΕ	P 2 0 2016	
	d	Net income or (loss) from gaming and fundraising events (add lines $6a$ and $6b$ and subtract line $6c$)		-	(6)d	SDEN, UT	
	7 a	Gross sales of inventory, less returns and allowances	7 a	<u></u>			
	b	Less cost of goods sold	7 b				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7с		
	8	Other revenue (describe in Schedule O)	See Schedule O		8	3,000.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	124,484.	
	10	Grants and similar amounts paid (list in Schedule O)			10	5,000.	
	11	Benefits paid to or for members			11		
Ē	12	Salaries, other compensation, and employee benefits			12		
ê	13	Professional fees and other payments to independent contractors			13		
EXPENSES	14	Occupancy, rent, utilities, and maintenance			14		
Ę	15	Printing, publications, postage, and shipping			15	18,852.	
3	16	Other expenses (describe in Schedule O)	See Schedule O		16	123,126.	
	17	Total expenses. Add lines 10 through 16		-	17	146,978.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-22,494.	
A NS E E T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) figure reported on prior year's return)	(must agree with end-o	f-year	19	154,202.	
T T S	20	Other changes in net assets or fund balances (explain in Schedule O)			20	104,202.	
5	21	Net assets or fund balances at end of year Combine lines 18 through 20		•	21	131,708.	
BA		r Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2015)	

Par	t II ² Balance Sheets (see the Inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			
		and o to top o to to any qu		(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			154,202	. 22	131,708.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		L	154,202		131,708.
	Total liabilities (describe in Schedule O)			0		0.
	Net assets or fund balances (line 27 of of tall Statement of Program Service Ac			154,202	. 27	131,708. Expenses
<u> </u>	Check if the organization used Sch	nedule O to respond to any o		ı X	(Requ	ured for section 501
What	s the organization's primary exempt purpose? See	Schedule O	1. 11 1			and 501(c)(4) nizations, optional
mea	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of e manner, describe the servi ach program title	its three largest progr ces provided, the nun	am services, as ober of persons		thers)
28	ANNUAL CONFERENCE AND OTH					
	STATE MANDATED GUIDELINES	<u>, _CLASSROOM_STRATE</u>	<u>EGIES & PRACTI</u>	CES TO		
	FURTHER SOCIAL STUDIES (Grants \$) If thi	is amount includes foreign g	ronto obsoluboro		20.0	00 407
29	1,200 COPIES OF THE SOCIA			TOTOTOTOTO	28 a	99,407.
23	EVERY 4 MONTHS TO DISSEMI					
	STUDIES TEACHERS.	NATE THE OWNER TOW I	DENEFICIAL 10.	POCIVE))	
	(Grants \$) If thi	s amount includes foreign g	rants, check here		29 a	18,852.
30	MAINTAIN WEB PAGE TO INFO	RM MEMBERS OF LATE	EST SOCIAL STU	DY		
	DEVELOPMENTS					
	======================================					
		s amount includes foreign g			30 a	4,954.
31	Other program services (describe in Sch		• •	, 🗆	22.	
32	(Grants \$ 5,000.) If the Total program service expenses (add lir	s amount includes foreign g	rants, check here		31 a	123,213.
_	t IV List of Officers, Directors,		lovees (list each one ex	rea if not compensated — s		
	Check if the organization used Sci					nstructions for rule (17)
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and del compensation	loyee	(e) Estimated amount of other compensation
CH/	AD_TAYLOR					
	sident	5	0	<u> </u>	0.	0.
	POKORNEY	F	,			0
	esident Elect NA MELCHER	5	0	'•	0.	0.
	st President	5	s c	1	0.	0.
	NED MOSS					
	easurer	5	s c		0.	0.
KIN	MBERLY VARNER					
	cording Sec.	5	SC),	0.	0.
	COLE_VICKERMAN	_			_	•
	ce President	5	<u> </u>	0.	0.	0.
	SSANDRA SANFORD	5	:		0.	0.
rai	Tramencarian					
		<u> </u>	 	 		
					_	
			 			
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23-7327296

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Form 990-EZ (2015) Texas Council for the Social Studies

	the instructions for Part V) Check if the organization used Schedule O to respond to any				X
33	Did the organization engage in any significant activity not previously reported to the IRS?		-	Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the	amended documents if they reflect	33	ļ	X
J	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amonaca addamenta ir tiloy reneat	34		X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from t	ousiness activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section	•	35 b		<u> </u>
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	1	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions $ ightharpoonup$	37 a 0	1	, · · · ·	**'.1
	b Did the organization file Form 1120-POL for this year?		37 b	,,-	X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total	201		 	58.1
39	amount involved Section 501(c)(7) organizations Enter	38b N/2	<u>, , , , , , , , , , , , , , , , , , , </u>	Ŝ	
	a Initiation fees and capital contributions included on line 9	39 a N/	A L	***	
	b Gross receipts, included on line 9, for public use of club facilities.	39 b N/2	→ %	90	
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the] ,		, ,
	section 4911 ► 0 _ , section 4912 ► 0 _ , section 4955				
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an benefit transaction during the year, or did it engage in an excess benefit transaction in a price	y section 4958 excess or year that has not been	401		<u>-</u> <u>-</u>
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations.	ation	40 b		X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	•0		10 x	30 ·
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburs by the organization	sed ▶ 0		-4	
	 All organizations At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T 	d tax	40 e		X
41	List the states with which a copy of this return is filed None		406		L
	NOTIC	*****			
42	a The organization's books are in care of Pr. Ned Moss & A J Donahue, PC Located at P 3911 West Valley Dr. Missouri City Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc At any time during the calendar year, did the organization maintain an office outside the US If 'Yes,' enter the name of the foreign country	counts (FBAR)		Yes	No X X
42	a The organization's books are in care of Dr. Ned Moss & A J Donahue, PC Located at 3911 West Valley Dr. Missouri City Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc At any time during the calendar year, did the organization maintain an office outside the US If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Claim and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yos' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yos' to line 44c, has the organization filed entity within the meaning of section 512(b)(13)?	zip + 4 > 77459 r authority over a inancial account)? counts (FBAR) r authority over a inancial account)? counts (FBAR) r authority over a inancial account)?	42 b 42 c 44 a 44 b 44 c 44 d 45 a	Yes	X N/A N/A No X X X
42	a The organization's books are in care of Dr. Ned Moss & A J Donahue, PC Located at 3911 West Valley Dr. Missouri City Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc At any time during the calendar year, did the organization maintain an office outside the US If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Claim and enter the amount of tax-exempt interest received or accrued during the tax year of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	zip + 4 > 77459 r authority over a sinancial account)? counts (FBAR) r authority over a sinancial account)? counts (FBAR) r authority over a sinancial account)?	42 b 42 c 44 a 44 b 44 c 44 d 45 a	Yes	X N/A N/A No X X X

Form 990-E	Z (2015) Texas Council for t	he Social Stu	dies	23-732	27296	P	age 4
	ne organization engage, directly or indired dates for public office? If 'Yes,' complete		aign activities on behalf o	of or in opposition to	46	Yes	No X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only	questions 47-49b an	d 52, and complete		:S	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI				\Box
	le organization engage in lobbying activities illete Schedule C, Part II	or have a section 501(t	n) election in effect during	the tax year? If 'Yes,'	47	Yes	No X
-	e organization a school as described in se	ection 170(b)(1)(A)(ii)	If 'Yes,' complete Sche	dule E	48		X
49 a Did th	ne organization make any transfers to an	exempt non-charitable	e related organization?		49a		X
50 Comp	s,' was the related organization a section dete this table for the organization's five high eyees) who each received more than \$100,00	nest compensated empl			49 b		L
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com		
None						-	
_							
						_	
51 Comp	number of other employees paid over \$1 ilete this table for the organization's five high ensation from the organization. If there i	nest compensated indep	pendent contractors who ea	ach received more than \$	100,000 of		
ı	(a) Name and business address of each independent co	ontractor	(b) Туре	of service	(c) Comp	ensatio	n
None_			-				
			-				
			-			••	
			-				
			- L				
52 Did th	number of other independent contractors the organization complete Schedule A? Noteled Schedule A			ttach a	► X Yes	. [No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying sch r) is based on all information	edules and statements, and to th of which preparer has any know	e best of my knowledge and be ledge	lief, it is		
Sign Here	Signature of officer Alac C. Macc. Total	S TREASURE	P	Date 9/12/14			
	Type or print name and title				TIN	-	
n-t-t	Print/Type preparer's name A J DONAHUE PC CPA	Preparer's signature A J DONAHUE P	C CPA 9-9-1	Check 📙 if	0125926	3	
Paid Preparer	Firm's name - A. J. Donahue,	P.C.				<u> </u>	
Use Only	Firm's address > 3730 Kirby Driv			Firm's EIN	76-0203		
	Houston, TX 770	98		Phone no (71	<u>3) 789-</u>	<u> 4040</u>	<u>) </u>

May the IRS discuss this return with the preparer shown above? See instructions

► X Yes No

Form **990-EZ** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

Texas Council for the Social Studies attn: Treasurer Dr. Ned Moss

Employer identification number 23-7327296

Par		Reason for Public Cha						ions.
The o	orga	nization is not a private found	ation because it is (F	or lines 1 through 11,	check o	nly one	box)	
1	П	A church, convention of churche	es, or association of ch	urches described in sect	ion 170(l	b)(1)(A)(i).	
2	П	A school described in section 1	70(b)(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ))		
3		A hospital or a cooperative he	ospital service organi	zation described in sec	tion 170	(ь)(1)(А)(iii).	
4	П	A medical research organizat	ion operated in conju	nction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii) Er	nter the hospital's
		name, city, and state	,	·				
5		An organization operated for the 170(b)(1)(A)(iv). (Complete P	e benefit of a college o	r university owned or ope	erated by	a gover	nmental unit described in	section
6		A federal, state, or local gove				, ,, ,	, ,, ,	
7		An organization that normally re in section 170(b)(1)(A)(vi). (0)	Complete Part II)		_	ental uni	t or from the general pub	lic described
8		A community trust described						
9	X	An organization that normally refrom activities related to its exe investment income and unrel June 30, 1975 See section 5	mpt functions – subject lated business taxable	ct to certain exceptions, a e income (less section l	and (2) n	o more t	han 33-1/3% of its suppo	ort from aross
10		An organization organized an						
11		An organization organized an or more publicly supported or lines 11a through 11d that de	rganizations describei	d in section 509(a)(1) d	r sectio	n 509(a)	(2). See section 509(a)	It the purposes of one (3). Check the box in
а	L	Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or s or trus	rganizati tees of ti	on(s), typically by giving he supporting organizatio	the supported on You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in ons A and C.	the same persons that co	ontrol or	manage	the supported organizati	on(s) You
c		Type III functionally integrated. organization(s) (see instruction	ons) You must comp	olete Part IV, Sections i	A, D, and	Œ.		
d		Type III non-functionally integr functionally integrated. The o instructions) You must com	rganization generally	must satisfy a distribu	nection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
e		Check this box if the organization of the character or Type III non-fu	ation received a writte nctionally integrated :	en determination from f supporting organization	the IRS	that it is	a Type I, Type II, Type	e III functionally
		nter the number of supported o						
ç	Pr	ovide the following information	n about the supported	d organization(s)				
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	organizal	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
• ,								
(B)						<u> </u>		
(C)								
(D)								
(E)								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	,	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							_	
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5	(f) Tota	
_	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10						-3		
12	Gross receipts from related activ	vities, etc (see in	structions)			Į	12		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	aird, fourth, or fifth	ax year as a section	on 501(c)(3)			► □
	tion C. Computation of Pu					Т			
	Public support percentage for 2			ne II, column (f))	ı	-	14		%
	Public support percentage from				-d (14 - 22 t	[
	33-1/3% support test — 2015. If and stop here. The organization	qualifies as a pu	blicly supported o	organization					▶
t	33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo iblicly supported o	ox on line 13 or 16 organization	5a, and line 15 is	33-1/3% or r	nore, o	check this bi	ox □
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstand	and-circumstance ces' test. The orga	es' test, check this anization qualifies	box and stop he as a publicly sup	re. Explain ii ported orgai	n Part nizatioi	VI now า	► □
	b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a					<u>- []</u>
BAA					Sc	hedule A (Fo	rm 990	0 or 990-EZ	2015

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include	12 054	10 000	04 015	10 001	00.450	100 270
2	any 'unusùal grants '). Gross receipts from admis-	13,954.	18,966.	24,915.	19,091.	23,452.	100,378.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	55,616.	75,867.	104,410.	75,564.	95,881.	407,338.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513						0.
4	Tax revenues levied for the			-			
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						_
	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	69,570.	94,833.	129,325.	94,655.	119,333.	507,716.
/ a	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line		-			1	507 716
	7c from line 6)		* * *				507,716.
	tion B. Total Support	(-) 2011	(h) 2012	(2) 2012	(d) 2014	(e) 2015	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013			
-	Amounts from line 6 Gross income from interest, dividends,	69,570.	94,833.	129,325.	94,655.	119,333.	507,716.
IU a	payments received on securities loans,						
	rents, royalties and income from similar sources.	4,906.	3,966.	6,769.	5,457.	5,152.	26,250.
b	Unrelated business taxable	4,300.	3,900.	0,109.	3,437.	3,132.	20,230.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b	4,906.	3,966.	6,769.	5,457.	5,152.	26,250.
11	Net income from unrelated business		-				
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in						0
12	Part VI) Total support. (Add lines 9,						0.
	10c, 11, and 12)	74,476.	98,799.			124,485.	533,966.
14	First five years. If the Form 990	is for the organization	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	³⁾ ▶ □
<u></u>	organization, check this box and		lercontone				
<u>Sec</u>	tion C. Computation of Pu Public support percentage for 20	DIC Support P	ercentage	ne 13 column (f)	<u> </u>	15	95.08 %
	Public support percentage from			10, 001011111 (17)	,	16	95.17 %
	tion D. Computation of Inv						33.17
17	Investment income percentage f				ımn (f))	17	4.92 %
18	Investment income percentage f					18	4.83 %
	33-1/3% support tests – 2015. I				and line 15 is more		nd line 17
	is not more than 33-1/3%, check	k this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	► X
t	33-1/3% support tests — 2014. l	f the organization	did not check a t	oox on line 14 or l	ine 19a, and line	16 is more than 33	3-1/3%, and
20	line 18 is not more than 33-1/39 Private foundation. If the organi						iization -
20 BAA	rnvate toundation. If the organ		TEFAMON			hedule A (Form 990	or 990 EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use
- 4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
 - **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below
 - **b** Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Par	tilV. Supporting Organizations (continued)			
11	Has the executation accepted a set or contribution from a set (the fell)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		Ñ	
.	A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11b 11c		
	tion B. Type I Supporting Organizations	1110		<u> </u>
	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		, (
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c		nons)		
		·		,
2	Activities Test Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	*,, ^*. 2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		37, 3.
3	Parent of Supported Organizations Answer (a) and (b) below.			1 1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
а	each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		
BAA	TEFA04051 10/12/15 Schedule A (Form 9	90 or 990	.F7\ 2	015

Section C — Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su					21230	· age /
_	tion D — Distributions	pporting	<u>j Organiza</u>	idons (co	minucu)	Cu	rrent Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes				<u> </u>	
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity		d organization	S,			
3	Administrative expenses paid to accomplish exempt purposes of su	ipported oi	ganizations.			1	
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)		-				
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is respoi	nsive (provide	details			
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount			_		<u> </u>	
Sec	tion E — Distribution Allocations (see instructions)		(i) xcess ributions	Underdi	(ii) stributions e-2015		(iii) stributable ount for 2015
1	Distributable amount for 2015 from Section C, line 6	, , , , , , , , , , , , , , , , , , , ,	***	* ***	* \$		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			R.			
3	Excess distributions carryover, if any, to 2015	*· }	,, = 3,		10 A 2		<u> </u>
				<u> </u>	١	``	
			<u> </u>	1 1/3/1		9 (d)	***
		<u> </u>		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r de la la	8 J. 9 7 78	
	From 2013 From 2014	,		3**	· / · ·	N 198	
	f Total of lines 3a through e	ail a	m 97 "7	/ 'A,	* · · · · · · · · · · · · · · · · · · ·	, <u>, , , , , , , , , , , , , , , , , , </u>	, , , , , , , , , , , , , , , , , , ,
	Applied to underdistributions of prior years	į, ,	*			}	3, ,
_	Applied to 2015 distributions of prior years	, , , , , , , , , , , , , , , , , , ,	<u> </u>	1		ž., Š.,	19 1 4 Jan
	i Carryover from 2010 not applied (see instructions)	***		**	* * *	8.2 m 8.3.	74~26 M. S. 178,
	Remainder Subtract lines 3g, 3h, and 3i from 3f				- · · · ·		
	Distributions for 2015 from Section D.		 	7.7.7%			** *
7	line 7 \$	er You will	· , , , , , , , , , , , , , , , , , , ,	12 75 3 67			
а	Applied to underdistributions of prior years		÷ ,			K (3)	-140 0
	Applied to 2015 distributable amount	120 5	· 14		<u> </u>		
	Remainder Subtract lines 4a and 4b from 4	v.auvan**	100 V		. \$	4	* Name = 12 N
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	,					*
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		\$ 6	*'5 &	i.,		
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c			* .		×	*/
8	Breakdown of line 7						
a	W C C		į .	e.	′		
t)						
	Excess from 2013		,	*			
	Excess from 2014				······································	ļ	
•	Excess from 2015	[1	

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Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

MISCELLANEOUS

TECHNOLOGY & MEDIA

OTHER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Texas Council for the Social Studies

OMB No 1545-0047 2015

Open to Public Inspection

21.

4,296.

5,986.

4,954.

-4,598.

123,126.

Total \$

Employer identification number

23-7327296

attn: Treasurer Dr. Ned Moss Form 990-EZ, Part I, Line 5c **Net Gain (Loss) from Noninventory Sales** Publicly Traded Securities 17,888. Gross Sales Price: Cost or Other Basis: 15,944. Total Gain (Loss) Publicly Traded Securities \$ 1,944. Total Net Gain (Loss) From Noninventory Sales \$ 1,944.Form 990-EZ, Part I, Line 8 Other Revenue **ADVERTISING** 3,000. 3,000. Form 990-EZ, Part I, Line 16 Other Expenses Ŝ BANK CHARGES & INVESTMENT FEES 1,188. 99,407. Conferences, Conventions, and Meetings 484. CURRICULUM & LIAISON 90. **GIFTS** 11,298. **MEMBERSHIP**

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

FURTHER EDUCATION IN SOCIAL STUDIES IN TEXAS

Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

NCSS COMMITTEE & NCSS DELEGATE

OFFICER & COMMITTEE EXPENSE

	Grants	Program Service Expenses
SCHOLARSHIPS AWARDED TO HIGH SCHOOL SENIORS INTERESTED IN BECOMING SOCIAL STUDIES TEACHERS. GRANTS TO SOCIAL STUDY TEACHERS FOR SUPPLIES OR FOR FURTHER STUDY. AWARDS TO SOCIAL STUDIES "TEACHERS OF THE YEAR" Includes Foreign Grants: No	5,000.	1
Total <u>₹</u>	5,000.	\$ 0.

Name of the organization
Texas Council for the Social Studies
attn: Treasurer Dr. Ned Moss

Employer identification number
23-7327296

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No